PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE IEU DEC 1 4 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where project. All further correspondence including the Patent, advance orders and notification of insintenance fees will be mailed to the current correspondence address as material unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the goods Transmittal. This certificate cannot be used for any other accompanying

32692

7590

09/27/2007

3M INNOVATIVE PROPERTIES COMPANY PO BOX 33427

ST. PAUL, MN 55133-3427

Note: A certificate of mailing can only be used for domestic mailings of the Pec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being factional
transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Nignature (Dete)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/815,366	04/01/2004	Domis J. Chirhart	59678US002	R234

TITLE OF INVENTION: RETROREFLECTIVE SHEETING WITH CONTROLLED CAP-Y

•						•		
APPLN. TYPE	SMALL ENTITY	ISSIJE PEE DUE	PUBLICATION FEE DUE	PRRV. PAID ISSUE PER	TOTAL FEE(S) DUB	DATE DUE		
nonprovisional	NO	\$1400	\$300	, \$0	\$1700 NNGUYEN2 000300	75 137772007 1815		
EXAMINER		ART UNIT	CLASS-SUDCIASS	12/14/200/				
AHMAD, NASSER		1772	428-040100	01 FC:1501	700 00 N	۸		
Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front pager 15:3001 9.60 DA / 6.4					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Tiee Address" indication (or "Fee Address" Indication form		(1) the names of up to 3 registered patent altorneys or agents OR, alternatively,						
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
ASSIGNEE NAME A	ND RESIDENCE DAY	a to de printed on	THE PATENT (print or typ	16)		····		
PLEASE NOTE: Un recordation as set for	lless on assignee is ident thin 37 CPR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the partial substitute for filing an	stent. If an assignce is in	lentified below, the docu	ment has been filed for		
(A) NAME OF ASSI	ONEE		(B) RESIDENCE: (C)TY	and STATE OR COUNT	RY) .			
3M Innaval	tive Properties	Company	St. Paul, A.	linnesta 5	5133-3427	7		
cuse check the appropr	riate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖄 Curpurati	on or other private group	antity Government		
. The following fec(s)	are submitted:	41	o, Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee she	own above)		
⊠ Issue Fcc		L. 15	A check is enclosed.					
Publication Fee (No small entity discount penni Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13~3725 (enclose an extra copy of this form)					
== //drance order =	# Ut Copics		overpayment, to Depo	sit Account Number 13	· 37 とと (enclose an e	xua copy of this form).		
	itus (from status indicate	•	<u> </u>		•			
	s SMALL ENTITY state		L b. Applicant is no long					
DTE: The Issue Fee ar terest as shown by the	id Publication Fee (if req records of the United Sta	uired) will not be accepted tes l'atent and Trademark	d from anyone other than the Office.	oc applicant, a registered o	ittorney or agent; or the a	ssigned or other party in		
Authorized Signature	Sandrik	1. Nowak		Date	.14-07			
Typed or printed name	o Sandra K	Nowak		Registration No.	53,666			
his collection of inform n application. Confident abmitting the complete its form and/or suppest ox 1450, Alexandria, V Lexandria, Virginia 222	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this builting in 22313-1450. DC 113-1450.	FR 1.311. The information 11.S.C. 122 and 37 CFR USPTO. Time will vary room, should be sent to the NOT SEND FEES OR (on is required to obtain or relation of the latest late	ctain a heacfit by the publimated to take 12 minutes idual case. Any comment, U.S. Patent and Trader THIS ADDRESS. SENI	ic which is to file (and by to complete, including g s on the amount of time ark Office, U.S. Departs OTO: Commissioner for	the USPTO to process) athering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450,		

Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO1.-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

U.S. Putent and Trademark Office; U.S. DEPARTMENT OF COMMERCE